

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1	5		5		5
TOTAL DEP.	18	5		5		5
TOTAL	19					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
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TOTAL IND.		5		5		5
TOTAL DEP.		5		5		5